UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

	ě	PTO	
Attorney Docket No.	35.C15774	.s.	
First Name	ed Inventor or Application Identifier	26/	200
YASUHIRO HINO		60	8 8
Express Mail Label No.		J.	

			Express Iviaii	Label No.		
See MPL	APPLICATION ELEME EP chapter 600 concerning utility paten		ADDR	ESS TO	Box Pate	sioner for Patents ent Application yton, DC 20231
1.	Fee Transmittal Form (Submit an original, and a duplicate for fee	processing)	7.	CD-ROM o	r CD-R in duplica	te, large table or Computer
2.	Applicant claims small entity status. See 37 CFR 1.27.		8.	Nucleotide	,	d Sequence Submission
3. X	Specification Total P	ages 87			Computer Readab	ele Form (CRF)
4. X	Drawing(s) (35 USC 113) Total S	heets 31			ation Sequence L CD-ROM or CD-F	_
5.	Oath or Declaration Total P	ages			paper	((2 copies), oi
	a. Newly executed (original or	сору)				ng identity of above copies
	h — 0			ACCOM	PANYING APPLI	CATION PARTS
100 miles	b. Copy from a prior applicatio (for continuation/divisional with	n (37 CFR 1.63(d)) h Box 17 completed)	9.	Assignment	Papers (cover shee	et & document(s))
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	i. <u>DELETION OF IN</u> Signed Statement a	ttached deleting	10.		8(b) Statement e is an assignee)	Power of Attorney
	inventor(s) named i 37 CFR 1.63(d)(2) a	n the prior application, s and 1.33(b).	11.		nslation Documer	
6. X	Application Data Sheet. See 37 CFR	1.76	12.		(IDS)/PTO-1449	Copies of IDS Citations
1			13. <u>X</u>	Preliminary	Amendment	
			14. X	Return Rec (Should be	eipt Postcard (MP specifically itemiz	EP 503) ed)
and the state of t			15.	Certified Co	ppy of Priority Doc riority is claimed)	ument(s)
Ž			16.	Other:		
17. If a C	CONTINUING APPLICATION, check ap	propriate box and sup	ply the requisite	information:		
	Continuation Divisional cation information: Examiner		on-in-part (CIP)		ication No/_	
	INUATION OR DIVISIONAL APPS only: The disclosure of the accompany			, from which a		on is supplied under Box 5b, is ence. The incorporation can only
25 Torred to	pon when a portion has been inadvertently	officed from the submit	tted application pai	rts.		·
			ONDENCE ADDR	ESS		
X c	sustomer Number or Bar Code Label	(Insert Customer No. o		abel here)	or Corres	pondence address below
NAME						
Address						
City		State			7in Code	
Country		Telephone			Zip Code Fax	
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	45-20 =	25	X \$ 18.00 =	\$450.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	11-3 =	8	X \$ 80.00 =	\$640.00
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (37 (CFR 1.16(d))	\$270.00 =	\$000.00
		2.3	eskultus et	BASIC FEE (37 CFR 1.16(a))	\$710.00
			Total of	above Calculations =	\$1800.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
		PHOTOTOLE Rd. Strike I To be 17		TOTAL =	\$1800.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Joseph W. Ragusa (28,586)			
SIGNATURE	Joseph W. Ragusa			
DATE	September 10, 2001			